

Challenge TB – Mozambique

Year 2

Quarterly Monitoring Report

April-June 2016



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Cover photo:

Community Health Workers receiving bicycles after completing training Nampula Province. (Credit: Rodrigues Alone, CTB PTO 2016)

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1. Quarterly Overview

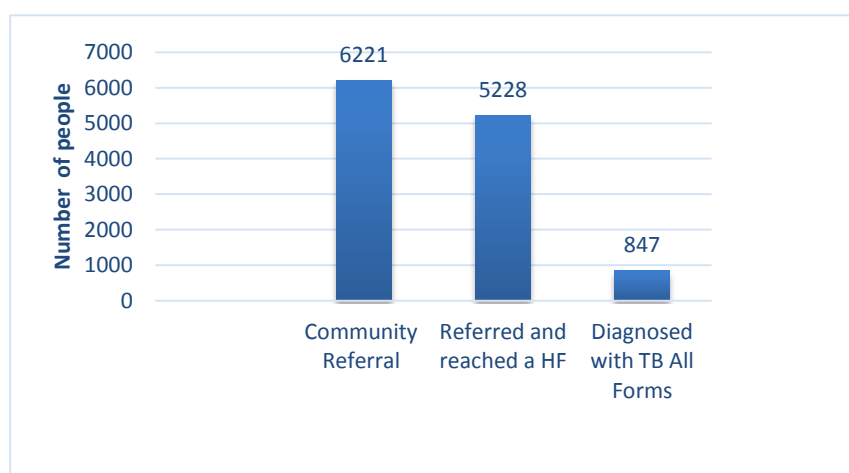
Country	Mozambique
Lead Partner	Family Health International
Other partners	KNCV Tuberculosis Foundation
Workplan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Most significant achievements:

- 1) This quarter community-based DOTS (CB DOTS) was rolled out in all CTB provinces. As a result, there were 998 (F 456, M 542) people trained in DOTS, comprising 858 (F 420, M 438) Community Health Workers (CHW) and 140 (F 36 M 104) peripheral health professionals (PHP). Subsequent to the training, CHW received CB DOTS kits (composed of: a t-shirt and cap, CB DOTS materials and bicycles to enable them to carry out their activities).

Through the community volunteers activities, 6,221 presumptive cases were referred to health facilities (HF) with 5,228 (89%) reaching the HF for TB screening. Of the total who reached a HF and were screened, 15% (847/5,228) were diagnosed with TB (all forms). Among TB diagnoses, 59% (501/847) were bacteriologically confirmed. All diagnosed cases were initiated on treatment. Despite a late start, CTB contributed with 6% of all cases notified in the four target provinces. Identification of presumptive cases is done through active case finding interventions at community level which include monthly cough days, home visits, contact investigation and education sessions targeting places with high concentrations of people (marketplaces, prisons, etc.). In terms of the distribution of cases notified through different interventions, the majority (74%; 4,585/6,221) were identified through community outreach activities¹, 11% (711/6,221) were identified through CI, 11% (672/6,221) through monthly cough days, 2% (106/6,221) through work in prisons, and 2% (147/6,221) through FAST.

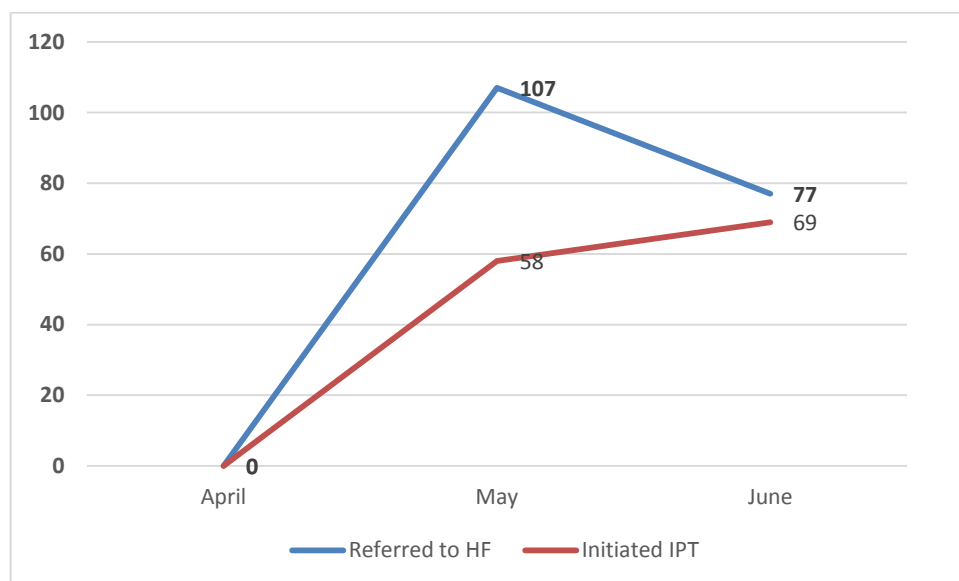
Figure 1: CB-DOTS Cascade, April-June 2016, CTB target provinces



- 2) Community volunteers intensified contact investigation activities this quarter, with a substantial increase in the number of children under 5 years who were initiated on Isoniazid prophylaxis therapy (chemoprophylaxis) as part of the CB DOTS activities. The activities carried out will not only focus on identification and referral of contacts but will also strengthen treatment adherence and completion. The project will now include IPT treatment as part of CB DOTS follow up activities. In Tete Province for example, a substantial increase was registered between April to June 2016 (Fig 2) on children put under treatment and these will be followed up for adherence throughout.

¹ At this time, the contribution of specific interventions cannot be disaggregated but in Year 3 CTB Mozambique will capture and report this information.

Figure 2: Number of contacts under 5 years old initiating IPT as a result of community activities, Tete province, April to June 2016



- 3) With CTB support, 28 TB support groups were established in Tete Province. The groups have a total membership of 77 (F 32, M 45) TB patients. (Criteria for group membership includes: being a current or ex-TB patient and living in the same area for easy contact.) Current group activities include:
- treatment support among members;
 - community education on TB prevention;
 - care and infection control;
 - tackling issues related to stigma;
 - visiting health facilities to collect TB drugs.

This activity is likely to reduce the transportation costs for individual members and allow them have more time to concentrate on other activities such as farming/income generating activities. Attention is given to ensure that each member has an opportunity to go to the HF not just to collect TB drugs (for all members) but also for clinical consultations. CTB provides IEC materials. In the future, these group members will be "TB Champions" capable of advocating for improved TB prevention and care services. With these treatment support groups, we expect 100% treatment adherence. This initiative is being expanded to other CTB districts and provinces.



TB support group members in Tete City (Credit: Dr. Francisco Luis, PTO Tete)

- 4) CTB actively supported the National TB Control Program (NTP) in the:
 - i. Development and finalization of the NTP Prevalence survey budget which was approved by the Global Fund (GF). The development, revisions and approval process took over two years, with the budget negotiation process alone taking six months;
 - ii. Finalization and reproduction of a revised *GeneXpert Algorithm* as a job aid to be used by Health Care Workers (HCW) across the country. CTB printed and distributed 6,000 copies in the project target provinces, with ongoing mentoring of HCW on the use. The objective is to improve the identification of presumptive Multi Drug Resistant TB (MDR-TB).

Technical/administrative challenges and actions to overcome them:

Continued devaluation of the local currency against the US dollar remains a substantial challenge. While the US\$ was pegged at 35 Mozambican meticaïs during budget development, it is now trading at 70 to the US\$. This translates to a working budget in local currency that is more than double the predicted amount. This has huge implications for the burn rate and might lead to low country buy-in for Year 3. The project is in the process of identifying potential savings and developing a MOT to use the identified funds for other activities which had been initially under-budgeted or reduced during the planning and budgeting process.

Continued political-military tension in the country is limiting activity implementation, especially for activities targeting districts not near the provincial capitals. CTB (FHI 360 policies) has limits on travel for safety of staff. This has the least impact on Nampula, but major impact in Zambézia and Sofala where the armed wing of the opposition party is often responsible for road closing, necessitating armored vehicles to serve as military escort. Activities affected include supportive supervision and mentoring visits, technical assistance to both NTP and CB DOTS partners. The CTB team, including Provincial leaders, are considering ways to mitigate this problem including having the people from the districts travel to the capital cities to present data (they can more safely travel than “official” cars), potential distance-based supervision using mobile phones and social media as a stop gap measure. In addition, we intend to create a map that shows, per quarter, the percentage of health facilities that have become off limits due to the conflict. There is hope that recently convened Mozambique government negotiating teams may bring some resolution in the near future.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support the establishment of TB Champions district groups and support in campaign awareness	1.2.1	16 groups created	32 groups created	16 groups created	64 (total in year one)	28 groups created in Tete City. The groups are promoting adherence to TB Treatment and also doing community education on TB with support from NTP and CTB. Since the groups' formation, 100% adherence to treatment among the members has been noted and members can talk confidently about the disease and accept the disease like any other, knowing that treatment completion is important as to be cured.	Partially met	With the start-up of CB Now that all the implementing partners are in the field, the project will be scaling up CB DOTS activities in more districts, identification and location of ex and current TB patients is ongoing to facilitate the creation of similar groups. In Tete, Damien Foundation has identified a TB Champions focal person who will be paid using their own funds to support the initiative including support of this same activity in Sofala.
Reproduce campaign materials	1.2.2				4,000 TB flyers, 64 banners + campaign gear and TB IEC materials reproduced (flyers, banners for each district, T-shirts, head	Produced IEC flyers have been distributed and some already in use in CTB provinces within the health facilities. The HCW use these materials to educate patients and their families on TB. Patients in other sectors also benefit from these materials through health	Met	Materials produced and distributed to CTB provinces

					gear, teaching aids (Story of Thomas, Patient Charter)	educational sessions and they are given these materials to take home. Additional materials will be reproduced in Q4		
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Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Continued support to the NTP Lab department on their TB Laboratory Strategic Plan	2.1.1	Consultative meetings conducted	Lab strategic plan updated	Plan under review and submitted for approval	NTP Lab SP approved	Consultative meetings were held to discuss the Lab TB Strategic Plan (SP). The Ministry of Health (MOH) is planning to conduct a national laboratory network review with a comprehensive gap analysis in 2016. CTB lab officer is involved in the development and design of the National Lab Strategy. Global Fund, in coordination with the MOH, is in the process of recruiting a consultant to support this gap analysis for all areas including TB.	Partially met	The GF is supporting the hiring of the consultant and progress is depending on the MOH to prioritize the activity.
Support in panel testing for reference labs	2.2.1	Panel testing conducted	-	-		Panels for Line Probe Assay and Drug Susceptibility Testing (DST) were received from the Milan Supra National Laboratory	Partially met	The results from the NRL were only sent in March 2016 to Milan for evaluation due to constant power failures which led to the process being redone

						(SRL) in December 2015. CTB supported cost for the panel shipment. The SRL is waiting for the Judicial results from all participants to issue certificates.		several times. As a measure to guarantee constant supply of electricity, NIH acquired and installed a generator at the NRL. The activity will be complete as soon as the certificates with the final results come from the SRL to NRL.
Long term assistance to Beira and Nampula for technical support	2.2.2	Two visits conducted	One visit conducted			Technical support was provided by CTB and American Society for Microbiology (ASM). CTB supported Long Term Technical assistance to Sofala and Nampula RL lasting 2 weeks, where issues of staff commitment were identified and reported to the National Institute of Health (NIH).	Partially met	A general challenge noted in Beira reference lab is the weak involvement of all staff in the day to day activities of the lab. The Director of the NIH traveled to Beira to follow up on this issue. See table below activity 2 for more details on the TA visits.
Emergency Support for Beira and Nampula Ref Labs functioning	2.2.3				Three reference labs functioning	To date, the project has supported the procurement and installation of a new 24 BTU air conditioner in Nampula RL to support proper functioning of critical equipment that is installed in the technical area (BACTEC MGIT 960, incubators). CTB also supported the installation of the drainage system to eliminate water	Partially met	CTB is in the process of paying a selected company to substitute the hepafilters in 2 biosafety cabinets in Nampula and Beira. The acquisition of a water tank for Beira lab is ongoing.

						infiltration into the technical area		
Develop, revise/update and reproduce Lab manuals (microscopy, EQA and Bio-Safety)	2.2.4	Manual development initiated	Review process and submission to respective departments for approval	Manuals approved and ready for printing	1200 copies of the Microscopy and Xpert, EQA and Bio-safety manual reproduced and distributed	The microscopy and GeneXpert manual was developed by NRL technicians and CTB lab officer. A guideline to standardize the implementation of blind rechecking has been developed with TA from CTB lab officer and is currently in the final stages of approval. Once approved CTB will print and distribute.	Partially met	The delay in the revision process of the GeneXpert manual due to competitive priorities has hampered the finalization of the manual. CTB will continue to work with the NRL to ensure finalization of the manual.
Supportive supervision visits conducted	2.2.5	2 supervision visits conducted	2 blind re-checking exercise	2 supervision visits conducted	2 blind re-checking exercise	CTB supported 4 blind rechecking exercise. In <u>Sofala</u> province 96% (27/28) of the registered labs participated and the results were encouraging with 92.6% (25/27) having acceptable performance. <u>Nampula</u> province had 39% (22/56) labs participating, with 91% (20/22) having acceptable performance; <u>Tete</u> had 70% (28/40) of the registered labs participating with 82% (23/28) having acceptable performance;	Met	Findings: it was noted that most of labs have a separate area for TB processing in line with WHO recommendations. The turn-around time for smear microscopic and GeneXpert results are in line with NTP recommendations. The slides re-examined had a 100% concordance rate. However, in some labs (from the 4 provinces) biosafety measures were not appropriately in place. For example, there was a lack of waste disposal, use of lab coats without long sleeves and slides are crushed before incinerating. Additional problems identified included: LED microscopes

						<p>In <u>Zambézia</u> 81% (44/54) of labs participating in the process, out of which 33/44 (75%) had acceptable performance.</p> <p>4 Supportive supervision visits conducted in all CTB provinces where 24 labs visited. It was noted that revised registers (revised by NTP with support from CTB) are in use.</p>		<p>are in place but are not in use due to lack of reagents; there is a lack of proficiency by technicians, quality indicators are not measured; work documentation in forms is not being done; the specimen transport system is suboptimal, contributing to underutilization of GeneXpert. In APA 3, CTB will conduct training directed at lab technicians using the Smear microscopic and GeneXpert manual being developed in APA 2.</p>
Conduct minor interventions/ rehabilitations to improve conditions for peripheral lab network expansion	2.2.6	Identification and subcontracting company to conduct planned interventions.	Work in progress	work in progress and finalization	4 rehabilitations conducted and Lab network expanded	<p>CTB conducted assessments for peripheral lab network expansion and four sites were identified in Tete (Tsangano district), Zambézia (Milange district), Nampula (Larde district) and Sofala (Nhamatanda district). Three contracts have been signed with selected contractors after a competitive process (with the participation of DPS) and rehabilitations is in progress. The remaining contract for Nampula is being finalized as the</p>	Partially met	

						contractor has been selected.		
Support 1 annual provincial lab meeting	2.2.7				4 annual provincial lab meetings held, one in each province	Annual provincial lab meetings were conducted in Tete and Nampula provinces. The labs from the microscopy network are enrolled in the SLMTA program	Partially met	Common findings were: there is a lack of human resources, a lack of knowledge to measure the performance in some labs, slow feedback of results, frequent shortages of consumables and transport system. To improve and strengthen these activities in APA 3, CTB will continue to support the implementation of GxAlert to improve the feedback of results, support human resources and expand specimen transportation system.
Support long term TA visits	2.3.1	2 long term TA visits to Beira and Nampula	1 long term TA visit to Beira and Nampula		Total of 3 visits to each lab conducted	Not accomplished. This activity was developed to support Beira and Nampula Reference Lab (RL) in the context of the prevalence survey study. It was however, decided at a later stage by MOH that those two labs will not be participating in the prevalence survey.	Partially met	CTB continues to support long term TA visits under activity 2.2.2
Support quarterly monitoring visits to Beira and Nampula Ref labs	2.3.2			1 visit each to Beira & Nampula RL	1 visit each to Beira & Nampula RL Total of 2 visits to each lab	2 monitoring visits were conducted in Beira and Nampula reference labs. Improvement was noted on biosafety technical procedures	Met	The findings were: In Beira RL, despite technical support, there was no improvement due to lack of commitment from staff. There is a need to upgrade infrastructure

					conducted	and the quality management system in Nampula RL. CTB helped support a 1 day workshop was conducted at the NRL where the head of the 3 RL/NIH directorate and partners participated.		and to increase biosafety measures. More specifically: modifications are needed to ensure that samples do not pass through the administrative area en-route to technical area and the negative pressure is not functioning. Air circulation is open from the outside into the lab, the generator has failed, and the centrifuge is out of order leading to service interruption (for culture). Due to time limitations, the last assessment will be conducted in APA3 followed by 1 monitoring visit after the approval of the work plan.
Support implementation of GxAlert in all Units in CTB provinces	2.3.3	Procure 20 internet modems and install on GeneXpert platforms in CTB supported sites			GxAlert functioning in 20 machines	CTB procured and distributed 20 modems and respective airtime for the functioning of the system as well as supported the installation of GxAlert software in Tete province by providing transport for technicians within the province. In Tete and Nampula provinces where 4 internet modem (Nampula 1 and Tete 3) are in use, an estimated 400 GxAlert results have been sent to the clinicians and lab supervisors this	Partially met	The remaining 16 internet modems will be distributed in the next quarter based on arrival of new GeneXpert.

						reporting quarter.		
Implement a specimen transportation system	2.6.1	Purchase 6 motorbikes, coordinate with CHASS 3.0 to develop a system for Sofala & Tete	Implementation of specimen transportation in 6 selected districts of Zambezia and Nampula province.	Continued implementation, monitoring of activity and supportive visits conducted	Improvement in sputum sample transportation and utilization of Beira and Nampula RLs	CTB has developed training materials for drivers who will be involved in the specimen transportation intervention in 2 provinces of Nampula and Zambezia. The training focus is on biosafety, sample collection and tracking.	Partially met	<p>The procurement process of six motorbikes was approved and 50% payment was made to the supplier; the remaining payment will be made once the motor bikes arrive at the provinces (Nampula and Zambezia). CTB will also provide a spill kit and respective Standard Operation Procedures (SOP).</p> <p>For the other 2 CTB provinces of Sofala and Tete, the project in close coordination with CHASS (FHI 360 HIV project) is developing an integrated approach for sample transportation where CTB is contributing with fuel to CHASS clinical partners and they in turn transport sputum samples from peripheral HF to districts and provincial and provincial labs.</p>
Develop tools to monitor the referral system and reproduce sample collection guidelines	2.6.2	Sample transportation guidelines developed, printed and in-use			Developed guidelines are in-use for quality sample transportation	To monitor the movement of samples and feedback of results, CTB has developed a tracking form that will be assigned to each motorbike. The monitoring tools and the guideline for specimen transport	Partially met	Training of staff to be involved in the sample transportation system will be conducted in Q4.

						system designed by CTB have been finalized and are now being printed.		
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Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Conduct training of health care workers in clinical diagnosis of TB (maternal, neonatal and child health nurses)	3.1.1	192 MCH nurses trained in 16 districts	192 MCH nurses trained in 16 districts		Total 384 MCH nurses in 32 districts of 2 CTB target provinces	TOT course on pediatric TB was conducted in Zambézia and Sofala provinces. A total of 58 nurses (F 29, M 29) were trained [Zambézia - 28 (F 15, M 13) and Sofala 30 (F 14, M 16)] After the TOT trainings, 4 cascade trainings were carried out in the two provinces with 182 MCH nurses trained: Zambézia 104 (F 51, M 53), Sofala 78 (F 47, M 31). Total MCH trained to date is 240/384 (62.5%). The trained nurses will support screening, diagnosis and treatment of pediatric TB in all	Partially met	2 cascade trainings still to be conducted in Sofala province. The trainings were postponed to Q4 due to the military tensions in the provinces.

						health facility entry points, especially in pre and post-natal visits and Consultation of Children in Risk (CCR) consultation in CTB provinces. They will have a key role in managing contacts especially children under 5 years on prophylaxis.		
Conduct CTB/NTP supportive supervision visits	3.1.2	4 supervision visits conducted (one in each province)		4 supervision visits conducted (one in each province)	Total of 8 visits (2 in each of the 4 CTB target provinces)	1 integrated supportive supervision visit was conducted in Tete province. Findings: an increase in Pediatric TB suspicion and investigation resulted from this intervention, for example, between April and June 2016, 15% (200/1302) of all cases reported were children under 15 years old. Out of this number, 42% (84/200) were children under 5 years old.	Partially met	Due to NTP competing priorities, supportive supervisions visits were repeatedly rescheduled, thus CTB developed a separate implementation to proceed without involvement of the NTP central level. During the supervision visit in Tete province, at the Tete Provincial Hospital, the team noted that from the few samples (pediatric TB cases) sent to the lab (N 21) 10 were gastric lavage to detect TB in children, which suggests increased awareness for pediatric TB, which may be attributed to the training.
Implementation of systematic screening of TB in selected prisons	3.1.3	TB/HIV training Materials developed	50 Trained	50 Trained	100 Trained	SERNAP has approved IEC tools for prisons. CTB reproduced these tools and distributed them to all target provinces and organized trainings	Partially met	CTB will implement different approaches to DOTS in the two prisons because the Savanna prison serves as a regional prison for longer term sentences while Nhamatanda prison

						<p>for 45 (F 6, M 39) prison guards and inmates (prison guards 18 and inmates 27) in two prisons in Sofala province (Cidade Beira - Savanna prison and Nhamatanda – Nhamatanda district prison).</p> <p>Total trained to date is 45 against a target of 100 (45%)</p> <p>In other prison activities Damien Foundation, through community DOTS in Sofala Province, referred 99 prisoners from 5 district prisons. Of the referred, 97% (96) of them reached a HF for TB screening. Seventeen-percent (16/96) were diagnosed with TB and initiated treatment.</p>		<p>receives prisoners with shorter sentences. CTB will continue to capacitate prisons guards in Nhamatanda prison, while in Savanna, CTB will capacitate prisoners who are responsible for each cell block. In coordination with IPs, monthly cough days and health campaigns will be implemented in the prisons where CTB is supporting.</p> <p>Trainings in other provinces is planned for Q4</p>
Coordinate with PEPFAR HIV partners	3.1.4	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province	Participation in 1 quarterly meeting per province (Total 12 quarterly meetings)	CTB participated in 10 provincial TASKFORCE TB and HIV partners meetings at provincial levels (Nampula, Sofala, Tete and Zambézia provinces). During the meetings,	Met	The taskforce mandate includes discussion of challenges in TB, MDR TB, pediatric TB and TB/HIV. Such challenges might include situations in which set targets are not met and the team discusses possible solutions. In one

						TB/HIV collaborative activities, coordination and collaboration among health partners were discussed.		instance the team advocated and successfully influenced the Zambézia Directorate of Health to include MDR TB diagnosis targets as part of district medical officers' performance evaluations with these officers tasked with reporting weekly on the number of samples sent for GeneXpert tests. These measures improved MDR TB notification in the province.
Provincial level clinicians trained in MDR-TB	3.1.5	25 Trainers oriented			120 clinicians at provincial level trained	<p>A national TOT workshop was completed in Maputo where 42 (20 F, 22 M) clinicians across the country participated. The target was 25 and the project surpassed this</p> <p>After the TOT, 2 provincial cascade trainings were held in Zambézia and Sofala provinces. A total of 75 (F 26, M 49) clinicians - Zambézia 43 (F 12, M 31) and Sofala 32 (F 14, M 18) were trained superseding the target of 60 (for the 2 provinces). However the percentage completion is still 62.5% (75/120) for all provinces.</p>	Partially met	Trainings planned in Q4 for Zambézia and Nampula.

Conduct semi-annual central level and provincial level MDR-TB specific supervision visits	3.1.6	4 semiannual visits to CTB target provinces		4 semiannual visits to CTB target provinces	8 total visits conducted	1 supportive supervision visit was conducted in Sofala province (Dondo district) with emphasis on MDR-TB. The CTB MDR-TB technical officer mentored and updated clinicians on issues related to MDR-TB with an emphasis on opportunities to diagnose MDR-TB cases and the appropriate use of GeneXpert.	Partially met	All supportive supervision visits were postponed by NTP due to overlapping activities at the central level. As a solution, CTB supported provincial level supervisions where the project staff integrated with provincial and district level MoH staff. Findings included: medical doctors from the health facilities are new and not trained in MDR-TB, demonstrating challenges for supporting district level NTP staff on patient management. After the visits, doctors, selected by level of MDR TB management competency, were referred to a central level MDR-TB training workshop taking place in July to be facilitated by Prof. Caminero with technical assistance from CTB.
Reproduce and disseminate GeneXpert algorithm	3.1.7				6,000 copies of the laminated Xpert algorithm produced, distributed and in use	The NTP microscopy lead person and MDR-TB focal point, in close coordination with the CTB laboratory officer, reviewed and finalized the GeneXpert algorithm. CTB supported the printing and distribution of 6,000 copies of the finalized version. CTB will continue to support dissemination and	Met	

						on-the-job trainings of clinicians and laboratory staff in its use.		
Coordinate the development and implementation of the MDR-TB data base	3.1.8	MDR-TB data base developed			Data base developed and cohort analysis done	TB MR data base (excel based) finalized and approved by NTP. CTB is providing assistance in updating the data base. NTP has distributed this data base to all provinces, however, ensuring data are entered on an ongoing basis is an issue and CTB will continue to support its provinces to record correct and consistent data.	Met	The rolled out excel based MDR-TB data base is not been populated as expected at provincial level. CTB during supportive supervision visits will provide on-the-job support and technical assistance to provincial staff in the use of the data base.
Consolidate CB DOTS implementation by sub-contracting implementing partners	3.1.9				CB DOTS activities being implemented in 64 target districts	8 sub-award contracts signed with CB DOTS implementing partners (covering 64 districts in 4 CTB provinces). CB DOTS activities are being implemented in all 64 districts. CTB supported training of 858 (F420 M438) CHW on CB DOTS strategies.	Met	
Support in CB DOTS data reporting	3.1.10					CTB supported the development of tools for data capture and reporting of CB DOTS activities. Training	Met	

						<p>was provided to 64 CB DOTS district supervisors from all implementing partners as well as NTP district supervisors from the districts. Their inclusion aimed to ensure familiarity with CB DOTS M&E tools and ensure alignment of CB DOTS data with community data reported by NTP. The role of the district NTP and chief medical officer in reviewing and certifying the data prior to submission to the CTB PTO was discussed.</p>		
CB DOTS supportive supervision visits	3.1.11		4 visits conducted in 4 CTB target provinces	4 visits conducted in 4 CTB target provinces		<p>1 central level CTB supportive supervision was conducted in Sofala province. Results showed excellent collaboration between NTP and CB DOTS Implementing Agencies (IA), with presumptive TB cases referred to the TB sector using the CTB community referral form receiving adequate services, and the TB sector providing timely feedback of results</p>	Partially met	<p>Given the fact that we have only had full implementation of the sub agreements since April of this year, it is only now practical to make supervisory visits with 3 supportive visits to be conducted in Tete, Nampula and Zambézia provinces in the next quarter.</p>

						back to the community HCW. CB DOTS supported case notification in Sofala province in this first quarter of implementation. CTB aim was to ensure that TB index case contacts are investigated and either treated if diagnosed or started on ITP if under 5 years, and also providing community infection control support.		
Annual CTB partners and NTP evaluation meeting	3.1.12				One national workshop conducted with CB DOTS partners and NTP provincial representatives to discuss project implementation.		N/A	This activity will take place in early September.
Strengthen implementation of the three PCA tools	3.2.1	TA visit from KNCV for material adaptation. Materials finalized and submitted for approval	Printing of approved materials and training of CB DOTS partners as to disseminate	Continued monitoring of activities and documentation of results	3 PCA tools implemented and results documented	Reproduction of materials for the 3 selected tools (Patient Charter, TB Literacy Toolkit and Quote TB light) were completed and distributed in CTB provinces and districts.	Met	Central level support will be expanded to the other provinces for documentation of results in Q4 onwards.

						Dissemination visits were conducted in Tete for appropriate use while in other provinces, the PTO are leading dissemination and training of IA staff and CHW in their use. The tools are being used by CB DOTS CHW and health technicians at facilities, and by CB DOTS IA (for the Quote TB Light).		
Train district level NTP staff in TB program management	3.2.2				192 district level NTP staff trained in TB program management	CTB supported the training of 170 NTP district level HCW in Tete (F6, M29) and Zambézia (F 3, M 32), Sofala (F13, M25), Nampula (F13, M 49) on TB program management. A total of 89% (170/192) were trained based on set target.	Partially met	
Implement and strengthen the use of the patient based ER+R	3.2.3	ER+R system piloted and results documented	Gradual roll out process of the ER+R to more districts is initiated	Continued expansion to more districts until total coverage of 64 districts is achieved	Data reporting by NTP is strengthened and monitoring of patients on treatment improves	In quarter one, CTB and NTP worked to finalize the ER+R with plans to finalize it in Q2. However, the NTP has put this activity on hold.	Partially met	Refer to activity number 10.1.1 This activity has been put on hold by the NTP pending a final decision on next steps.

Coordinate with FHI 360 FANTA III project to include nutrition information for MDR-TB patients	3.2.4				2 meetings realized and the nutrition component is included in the CB DOTS National strategy	CTB held meetings with FANTA III project staff to revise the CB DOTS strategy and include nutrition information for MDR-TB patients.	Partially met	In the next quarter, FANTA will also provide training to CTB CHWs on screening of malnutrition using Mid/upper Arm Circumference (MAUC). FANTA will provide the MAUC tapes to CTB volunteers to enable them to screen and refer undernourished project beneficiaries to the HF to receive nutritional support.
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Training of prison guards and inmates in Sofala Province (credit: Algy Cassamo, CTB Mozambique Technical Director)

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Implement a contact tracing system	4.1.1	Revise/develop system including data collection tools. Train CB DOTS IA in the system to enable training for CHW	Trained CHW start implementing system. Supportive visits conducted and monitoring of data reported	Continued implementation of activities	System is evaluated based on results and advocacy is done to the NTP for inclusion into national guidelines	Data collection tools including contact investigation tools have been developed and are currently in use by CB DOTS CHWs to refer contacts of TB index cases to HF for diagnoses and treatment/prophylaxis. Through the CB DOTS activities, 422 (F 219 M 203) under 5-year contacts were referred; 267/422, (63%) (F 156 M 111) initiated IPT	Partially met	CTB will continue to provide support to ensure that the system is implemented in all the 4 provinces.

Sub-objective 5. Infection control (IC)								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Implement FAST strategy in selected HF	5.1.1	16 HF with FAST strategy functioning (training of cough officers conducted and data	16 HF with FAST strategy functioning (training of cough officers conducted and data		32 facilities implementing certified FAST	In coordination with NTP in Tete province, CTB has completed training on FAST strategy in 9 HFs of 5 districts with 65 cough officers (F 54, M 11), who are HF support staff	Partially met	CTB will complete the training and roll out of FAST in Q4, taking into consideration that CTB has to coordinate these training with the NTP at provincial levels.

		reporting in place)	reporting in place)			identified by the HF to be cough officers. The trained cough officers have successfully identified and separated 147 presumptive case and referred these to the NTP sector for further screening. Of the 147 identified, 7 were diagnosed with active TB (5% 7/147).		
Support in implementing HF IC plans	5.2.1	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results	8 facilities visited and an assessment of existing IC plans conducted. Interventions will depend on initial results Total of 32 facilities with functioning IC plans	CTB PTOs followed up on issues based on recommendations provided during the initial assessment of IC in selected health facilities in CTB Provinces in APA1. As a result of this follow up, most HFs have an IC plan that is being implemented such that all patients with cough have priority. HFs have also created cough consultations where basic IC measures (e.g., opening windows) are followed. With FAST implementation, there is a great contribution on one of the important principles of IC which is separation (where FAST is implemented, those coughing are separated from other patients sent to the	Met	Activity is on going

						cough consultation or TB sector).		
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Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Coordinate Provincial TASKFORCE meetings	6.1.1	12 meetings conducted	12 meetings conducted	12 meetings conducted	12 meetings conducted Total 48 meetings held	PTO have supported and participated actively in 32 provincial task force meetings.	Partially met	Activity is ongoing
Coordinate with CHASS to implement community support for IPT treatment	6.1.2				IPT community follow up strategy developed and in use	CTB held meetings with the CHASS HIV/TB focal point person to identify possible areas of intervention. 2 districts in Tete and Sofala Provinces have been identified where the system to strengthen and improve IPT will be implemented. Community volunteers will receive orientation on the follow up of IPT intake based DOT strategy.	Partially met	
Support in the dissemination of IPT policy and guidelines	6.1.3				500 copies reproduced, distributed and in use at HF's	IPT job aids developed based on policy and guideline. Copies of the IPT job aids were reproduced and distributed during the trainings in all technical areas.	Met	

						Continued mentoring is provided by CTB TO during visits to HFs to ensure that the guideline is being use and those patients who meet the criteria for IPT promptly receive treatment with appropriate follow-up		
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Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Pilot the ER+R in selected sites	10.1.1	2 sites in Beira cidade (Sofala province) selected for piloting. Training of NTP conducted and piloting initiated.	Pilot results are compiled and influence plans for rollout.		Pilot is concluded & results used to improve the ER+R system	Activity put on hold by the NTP	Partially met	This activity has been put on hold by the NTP. CTB will proceed based on the final decision to be taken
Finalize the ER+R system	10.1.2	Revised tools based on pilot results are printed and distributed as part of the roll out process			ER+R is rolled out and in use in provinces	CTB, along with other partners, supported the NTP in printing and distributing new M&E data collection instruments to be used in the ER+R when approved. CTB provided support during the training of districts and provincial staff on	Met	

						their use. In this quarter, CTB continues to provide technical assistance on correct use of the tools.		
Printing of NTP M&E tools	10.2.1	Tools printed for pilot phase	Revised tools printed for roll out phase		Tools printed and used to support NTP M&E dept.	NTP new M&E data collection instruments printed and distributed to all CTB provinces for use in all HF with TB registers.	Met	
Support NTP quarterly monitoring meeting	10.2.2	4 meetings conducted	4 meetings conducted	4 meetings conducted	4 meetings conducted 16 meetings held in total	CTB supported 9 provincial quarterly meetings across its 4 provinces. This meeting was attended by provincial NTP supervisors, districts supervisors, CTB PTO, CB DOTS IA, MDR-TB focal point persons and lab supervisors. During the meeting all districts supervisors brought their TB registers to validate data of NTP and contribution of CB DOTS on key indicators reported by NTP. Mentoring was provided on data quality by correctly filling in the TB registers, use of data for activity planning and data verification.	Partially met	
Conduct semi-annual DQA visits	10.2.3	2 DQA conducted	2 DQA conducted	2 DQA conducted	8 DQA visits realized	3 visit conducted in Tete, Nampula and Sofala Provinces.	Partially met	DQA visits to be completed in the next quarter

						Variances were recorded in terms of reported data and verified data in all the HFs visited. We will continue to measure these indicators in the next quarter.		
Support in Prevalence study	10.2.4				5 visits by Ellen Mitchel, Job and Nico Kalisvaart conducted and assistance provided to the NTP	NTP has received 2 TA visits from Nico Kalisvaart, a consultant from KNCV on development of data management plan for the Prevalence survey.	Partially met	
RFA for Proof of Concept (POC)	10.2.5	One local/international partner identified and contracted to pilot the POC			POC piloted and results used in the Prevalence protocol		Not met	Activity has been put on hold by the NTP.
Involve local research partners for operational research activities	10.2.6	One local research partner identified to provide support in implementation of the Xpert POC					Not met	NTP does not want to pilot POC field based Xpert testing. Discussion is ongoing about next steps.
Update of the National Research Agenda	10.2.7	Consultative meetings conducted	Consultative meetings conducted	Draft agenda presented for approval	Research Agenda Updated	Meetings held with NTP to revive the discussion on the national research agenda. The draft agenda needs to be	Partially met	The last updated version was in 2013, and with all new scientific data on means of diagnosis and new treatment on MDR-TB, CTB will propose to NTP for

						revised and updated with new topics, for example new drugs and treatment regime.		additional reviews before submission for approval.
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Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Support the NTP with qualified human resources	11.1.1				4 NTP staff participated in international events	2 NTP staff participated in (1 NTP and 1 NRL)	Partially met	

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e., TB NFM - MoH</i>)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
Ministry of Health	B1	B1	US\$64.7 m	US\$25.0 m	

* Since January 2010

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

The TB Prevalence survey protocol was re-submitted to the national bioethics committee for approval. Responses to the questions raised by the Committee were addressed and the protocol resubmitted. Final approval is expected by the end of July 2016. In preparation for the pilot of the prevalence survey expected to take place in December 2016 Global Fund (GF) has sent an expert to provide TA to the NTP on budget finalization, logistics of procurement and study preparedness. The prevalence study budget has now been approved and a lot of work has been put into this with various meetings held with partners, NTP and GF. The CTB Senior M&E Officer provided support throughout the process.

4. Success Stories – Planning and Development

Planned success story title:	Community TB Support Groups – reducing TB catastrophic costs and increasing psychosocial support among patients (Patient Testimony)
Sub-objective of story:	1. Enabling environment
Intervention area of story:	1.2. Demand side: Community empowered, especially among risk groups
Brief description of story idea:	

Status update:

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5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	184	149	April to June data still been compiled by the NTP It would be good to report here quarterly the % of DR-TB testing in the CTB provinces of retreatment patients using Xpert to qualify the effectiveness of DR-TB diagnosis.
Total 2012	283	215	
Total 2013	359	313	
Total 2014	482	482	
Total 2015	644	644	
Jan-Mar 2016	148	148	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			April to June data still been compiled by the NTP. MSF is conducting an operational study on short treatment regime for MDR TB (Bedaquiline). The only patient under treatment is a HCW and they received a special authorization from MOH/NTP to start him on treatment. MSF is waiting for the official approval of Bedaquiline use in the country for expansion.
Total 2015			
Jan-Mar 2016	3	3	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						
	Nampula	1,676	1,911	1,937			
	Sofala	1,886	1,963	1,750			

	Tete	1,266	1,138	1,302			
	Zambezia	1,926	1,934	1,976			
	TB cases (all forms) notified for all CTB areas	6,754	6,946	6,965			
	All TB cases (all forms) notified nationwide (denominator)	14,587	15,113	11,055			
	% of national cases notified in CTB geographic areas	46%	46%	63%			
Intervention (setting/population/approach)							
Community referral		Nampula, Sofala, Tete and Zambezia provinces	Nampula, Sofala, Tete and Zambezia provinces	Nampula, Sofala, Tete and Zambezia provinces			
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention	0	47	847			
	All TB cases notified in this CTB area (denominator)	6,754	6,946	6,965			
	% of cases notified from this intervention	0%	1%	12%			
Children (0-14)		Nampula, Sofala, Tete and Zambezia provinces	Nampula, Sofala, Tete and Zambezia provinces	Nampula, Sofala, Tete and Zambezia provinces			
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention	0	0	59			
	All TB cases notified in this CTB area (denominator)	970	912	970			
	% of cases notified from this intervention	0%	0%	6%			
Contact investigations		Nampula, Sofala, Tete and Zambezia provinces	Nampula, Sofala, Tete and Zambezia provinces	Nampula, Sofala, Tete and Zambezia provinces			
	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention	0	0	422			
	All TB cases notified in this CTB area (denominator)			3547			
	% of cases notified from this intervention			12%			

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Kathleen England	X				1. Support Ref Lab Quality Assurance System 2. Ref Lab supervision visit	Complete	October 31 to November 7 2015	8 days	
2	FHI360	Daniela Cirillo	X				1. Support Ref Lab Quality Assurance System 2. Ref Lab supervision visit	Complete	December 7 to 11 2015	5 days	
3	FHI360	Pepe Camineiro		X			1. Orientation to MDR-TB country trainers 2. Participate in one provincial level MDR-TB training	Pending			
4	KNCV	Sara Massaut	X				1. Strengthen PCA implementation by adapting 3 PCA tools (Patient Charter, TB Literacy Toolkit & Quote TB Light)	Cancelled			Revised instruments pending approval and lead TA person now with GF Hub
5	KNCV	Sara Massaut	X				1. Participate in a National Workshop to official introduce PCA and share lessons learned in implementation	Cancelled			Revised instruments pending approval and lead TA person now with GF Hub
6	KNCV	Nico Kalisvaart	X				1. ER Assessment and Planning 2. Participate in the stakeholder workshop	Complete	February 16-26 2016	11 days	
7	KNCV	Nico Kalisvaart		X			1. Follow up on ER development	Complete	June 20-30 2016	9 days	

8	KNCV	Ellen Mitchell	X				1. Prevalence survey preparation and POC monitoring	Complete	November 28 to December 9 2015	12 days	
9	KNCV	Ellen Mitchell			X		1. Prevalence study pilot supervision	Pending			
10	KNCV	Ellen Mitchell				X	1. Monitor/supervise survey implementation in the first batch of districts	Pending			
11	FHI360	Carol Hamilton				X	1. FHI HQ technical supervision on activity implementation 2. APA3 work plan development support	Pending			
12		TBD		X			1. Visit laboratory operations in Beira and Nampula	Pending			
13	KNCV	Jeroen van Gorkom			X		1. Monitoring and APA3 development	Pending			
14	FHI360	CTB Country Office Staff (2 people)				X	1. Participate in the 46th Union World Conference on Lung Health 2. Participate in CTB side meetings	Pending	December 1 to 7 2015	7 days	CTB COP and PTO participated in the 46th Union World Conference on Lung Health held in Cape Town, South Africa
15	FHI360	NTP staff participate in International events/ conferences				X	1. Participate in the 46th Union World Conference on Lung Health 2. Participate in international trainings	Complete	December 1 to 7 2015	7 days	Two NTP staff participated in the 46th Union World Conference on Lung Health held in Cape Town, South Africa
16	FHI360	CTB Country Office			X		Participate in CTB country director meeting in the Hague	Complete	June		
17	FHI360	CTB Country Office			X		Participate in Lab workshop in the Hague	Complete	June		
18	FHI360	CTB Country Office			X		Participate in Strategic information workshop in Senegal	Complete	June		
Total number of visits conducted (cumulative for fiscal year)								10			
Total number of visits planned in approved work plan								18			
Percent of planned international consultant visits conducted								56%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
# of current/ex-TB patient groups engaged at the community level and also linked with the NTP	Number of groups	Annually	0	15	28	28 current TB patient groups created in Tete province with 77 members (45M 32 F) this reporting quarter.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	N/A	Annually	-	1	Measured annually	Due to competing priorities at the MOH, consultant is yet to be identified to lead the development of the National Lab Strategy
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	N/A	Annually	100% (3/3) Maputo NRL - Accredited Nampula RL - 0 star Beira RL - 0 star "	100% (3/3) Maputo NRL - Accredited Nampula RL - 1 star Beira RL - 1 star "	33% (1/3) Maputo NRL - Accredited Nampula RL - 0 star Beira RL - 0 star	NRL is accredited by Instituto de Português para Acreditação/National Portuguese Institute for Accreditation (IPAC). Beira and Nampula reference labs are also implementing and following a step-wise plan for a TB laboratory quality management system towards accreditation.
2.2.7. Number of GLI-approved TB microscopy network standards met	N/A	Annually	0	4	Measured annually	CTB is working with the NRL and the NTP to develop manuals and guidelines toward the achievement of GLI standards.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	new and previously treated cases	Quarterly	3.5% of new patients (n=1896) 11.2% of retreatment patients (n=460) Nationwide 014 Notification data	N/A	Data not available	National data are not available as the NTP is still compiling the data. The national data will be reported in the next quarter.
2.6.1. Average turnaround time from specimen collection/submission to delivery of result to the patient (stratified by microscopy, Xpert, culture, DST)	new and previously treated cases	Quarterly	N/A	TBD	No result to report	This activity is closely related to CB DOTS activities and will be reported on in the next quarter.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Gender and age	Quarterly	CTB Provinces 4420/28253 (16%) Tete 463/3492 (13%) Nampula 1229/7236 (17%) Zambezia 1815/9881 (18%) Sofala 913/7644 (12%)	12,732/31,830 (40%) (4 CTB target provinces)	CTB Provinces/National 13,911 /26,168 (53%) Refer to Table 5.3 for more detail.	Jan to June 2016 data

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.4. Number of MDR-TB cases detected	Gender and age	Quarterly	482	572	148	National Jan to March 2016 data (April to June data not available)
3.1.13. #/% of presumptive TB patients referred by community referral systems	Gender and age	Quarterly	22,180	89,124	5528 (M 2631/F 2897)	
3.1.14. #/% of total cases notified that were referred or diagnosed via CB approaches	Gender and age	Quarterly	CTB Province total 4,420/28,253 (16%) Nampula 1,229/7,236 (17%) Sofala 913/7,644 (12%) Tete 463/3,492 (13%) Zambezia 1,815/9,881 (18%) (NTP report, 2014)	12,732/31,830 (40%) (4 CTB target provinces)	CTB Province total 847/13,911 (6%) Nampula 0/5,524 (0%) (Not started) Sofala 527/5,599 (9%)(April to June) Tete 256/3706 (7%) (March to June) Zambezia 64/5836 (1%) (May to June)	January 2016 to June 2016 CTB DOTS activities rolled out in phases from March to June 2016
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	gender and age	quarterly	88% (20,196/23,009) National data 2014	11,459/12,732 (90%)	National data 2015 21,464/24,384 (89%) Nampula 3,482/3,917 (89%) Sofala 3,207/3,606 (89%) Tete 1,166/1,253 (93%) Zambezia 4,366/4,814 (91%)	October 2015 to June 2016

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.2.4. Number of MDR-TB cases initiating second-line treatment	gender and age	quarterly	National 2014: 482	572	148	Jan to March 2016 data
3.2.7. Number and percent of MDR-TB cases successfully treated	gender and age	quarterly	National 2012 cohort: 222 (46%)	320/572 (56%)	Data not available	National data are not available as the NTP is still compiling data.

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken	gender and age	quarterly	0	11,459/12,732 (90%)	National 10,026 CTB Provinces 3952/10,026 (39%) (April – June 2016)	Data not desegregated by gender and age
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	Gender	quarterly	0	11,000/13,751 (80%)	National 7,906 CTB Provinces 3547/7906 (45%)	Data not desegregated by gender

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.3. #/% of TB IC (i.e. FAST) certified health facilities	health facilities	quarterly	6/64 (9%) NTP Report, 2014	32/64 (50%)	9	FAST is being implemented in 9 HFs across 5 districts of Tete Province. CTB will expand this activity to the remaining 3 provinces in the next quarter

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	Gender	quarterly	186/2,069 (9%) NTP Report, 2014	269/2,069 (13%)	National 144/2554 (6%) (January to June 2016) CTB provinces 20/777 (3%)	Data not desegregated by gender

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy	key population, gender and age	Annually	0%	40%		Data not available
6.1.11. Number of children under the age of 5 years who initiate IPT	Gender	Quarterly	17,026 (46%) National	6,875/13,751 (50%) - CTB target provinces	National 3675 CTB provinces 1931/3675 (53%) (January to June 2016)	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.3. % of activity budget covered by private sector cost share, by specific activity	N/A	Annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB	N/A	annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Partnership						planned.
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	N/A	Annually	0	15%	Measured annually	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter
8.2.1. Global Fund grant rating	N/A	Annually	B1	N/A	B1	CTB will report on this indicator but no specific activity is planned.

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	N/A	annually	0	N/A	Measured annually	CTB will report on this indicator but no specific activity is planned.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	Sites	annually	0	2	0	NTP has put a hold on this activity
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	N/A	annually	0	Yes	Yes	MEASURE Evaluation conducted a tuberculosis (TB) assessment as part of a broader EPI assessment in 2014. A new standards and benchmarks assessment is needed and CTB will be following up to determine whether this is being considered by WHO at this time.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	N/A	annually	0%	1% (80.000/5,404,310)	Measured annually	CTB did not carry out operational research during this reporting period.
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	N/A	annually	0	Yes	Measured annually	CTB did not carry out operational research during this reporting period.

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	gender and technical area	quarterly	0	3,964	1,635 (F 724, M 911)	<p>240 (F 127, M 113) MCH nurses trained on Pediatric TB</p> <p>117 (F 46, M 71) trained on MDR-TB</p> <p>170 (F 35, M 135) Health professionals trained on TB program management</p> <p>140 (F 36 M 104) peripheral health professionals trained on CB DOTS strategy</p> <p>858 (F 420 M 438) community health care workers trained on CB DOTS</p>

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
						65 (F 54, M 11) trained in FAST 45 (F 6, M 39) prison guards and inmates trained in CB DOTS.
11.1.5. % of USAID TB funding directed to local partners	Partner	annually	0	24% (1,280,000/5,404,310)	Measured annually	This activity is closely related to CB DOTS activities, which will be implemented in the second quarter